Mayer

09765

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159

Reg. Diat. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ✓

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? 7 hrs. 57 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Delaware County: Sussex

City or town: Laurel

(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME

Baby Baby Boy

3.(b) Social Security Number

None

4. Sex: Male

5. Color or race: W

6.(a) Single, married, widowed, or divorced: ✓

6.(b) Name of husband or wife: ✓

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 2 1948

8. AGE: Years 0 Months 0 Days 0 If less than one day 7 hrs. 57 min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: None

11. Industry or business: ✓

FATHER

12. Name: Leamuel Baker

13. Birthplace: Del.

MOTHER

14. Maiden name: Margaret Estelle

15. Birthplace: Pa.

16. Informant: Leamuel Baker

Address: Laurel Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 4 1948 (month) (day) (year)

Cemetery or crematory: Odd Fellows Cemetery

Location: Laurel Del.

18. Funeral director: J. Harvey Williams

Address: Gumboro Md.

19. Sept. 5 1948 Louise Strong Taylor Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 2 1948 at 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/2 1948 to 9/2 1948 and that I last saw ~~him~~ alive on 9/2/48 1948

Immediate cause of death: Prematurity

	DURATION
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Charles M Mayer M. D. or other

Address: Laurel Del. Date signed 9/3/48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

09766

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

122b

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Pittsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Baker Mrs. Josephine Southern

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Archie Samuel Baker

6.(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): May 8-1877

8. AGE: Years 71 Months 3 Days 29 If less than one day hrs. min.

9. Birthplace: Snow Hill Md (Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business: at Home

FATHER 12. Name: Benjamin Thomas Shockley

13. Birthplace: Snow Hill Md.

MOTHER 14. Maiden name: Katherine Dunn

15. Birthplace: West Point Virginia

16. Informant: Mr. Luther T. Baker

Address: Pittsville Maryland

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Sept. 10-1948 (month) (day) (year)

Cemetery or crematory: M.E. Cemetery

Location: Delmar Delaware

18. Funeral director: Holloway & C. Walter K. Holloway

Address: Salisbury Maryland.

19. Sept-8 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 7 1948 at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-27 1948 to 9-7 1948 and that I last saw him alive on Sept. 7 1948

Immediate cause of death: Intestinal obstruction — DURATION 11 days

Due to: abdominal adhesions — 1 week

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operation: multiple abd adhesions Date of op. 8/01/48

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: L. Rademaker M.D. M. D. or other

Address: Salisbury Md Date signed 9/7/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

Dr. Kitts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

157e

09767

Reg. Diat. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? 12 hrs. 20 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Venton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME Carr, ~~Baby Girl~~ JOYCE ANN

3.(b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): August 29, 1948

8. AGE: Years | Months | Days: 9 | If less than one day ... hrs. ... min.

9. Birthplace (Town, county, and state): Venton, Maryland Som. Co.

10. Usual occupation

11. Industry or business

FATHER 12. Name: Lonwood Carr

13. Birthplace: Venton, Md

MOTHER 14. Maiden name: Annie Smith

15. Birthplace: Venton, Md

16. Informant: Lonwood Carr

Address: Venton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-7-48 (month) (day) (year)

Cemetery or ~~crematory~~: Grace

Location: Venton, Md.

18. Funeral director: William & James Jr

Address: Princess Anne, Md.

19. Sept-7 (Date rec'd by registrar) 19 48 Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 6 19 48 at 10 20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 5 Sept. 1948 to 6 Sept 1948 and that I last saw him alive on 6 Sept 1948

Immediate cause of death: Bilateral Bronchopneumonia — DURATION: 2 days

Due to: Organism undetermined

Due to:

Other conditions: Congenital heart disease (type undetermined)

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [illegible], M.D. (M. D. or other)

Address: Salisbury, Md. Date signed 9/7/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and fully.

VS A15 9-45-15M

09768

944a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Allen, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 3 months

Hospital, institution, or street address where death occurred: no

How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Florida County:

City or town: Jacksonville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 304 W. Doville St
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Leroy Carter

3.(b) Social Security Number: 262-38-6548

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	a a	married

6.(b) Name of husband or wife: Emma Lee Carter

6.(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.): 1902

8. AGE:

Years	Months	Days	If less than one day
46	—	—	hrs. min.

9. Birthplace: Jacksonville, Florida
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER — 12. Name: Don't know

FATHER — 13. Birthplace: " "

MOTHER — 14. Maiden name: Don't know

MOTHER — 15. Birthplace: " "

16. Informant: Mrs. Emma Lee Carter

Address: Salisbury, Md. c/o W. T. Allen Co.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 3, 1948 (month) (day) (year)

Cemetery or ~~crematory~~: Green acres

Location: Salisbury, Md.

18. Funeral director: James H. Stewart

Address: Salisbury Md

19. Sept 30 1948 (Date rec'd by registrar) Louise Thomas Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 27 1948 at 12 N

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 27 1948 to Sept. 27 1948 and that I last saw him alive on Sept. 27 1948

Immediate cause of death	DURATION
Coronary artery occlusion	3 hrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert R. Starr M. D. ~~other~~
Deputy Med. Examiner

Address: Salisbury Date signed 9-29-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Dr. Star

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09769

Reg. Diat. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: P. H. Hospt.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 800. Hill St.
(If rural, give LOCATION)
2.(a) If veteran, name war: Spanish War (Private) Co. C 1st Md. Volunteers

3. (a) FULL NAME Theodore Thomas Clark
3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widower
6.(b) Name of husband or wife: Mary E. Clark
6.(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): July 12 - 1874
8. AGE: Years 74 Months 2 Days 1 If less than one day hrs. min.
9. Birthplace: Worcester C. Md.
(Town, county, and state)
10. Usual occupation: Grocer Man
11. Industry or business
FATHER 12. Name: No. Record
13. Birthplace: " "
MOTHER 14. Maiden name: No. Record
15. Birthplace: " "
16. Informant: Milton J. Clark
Address: 800. Hill St. Salisbury Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof: Sept. 16-1948 (month) (day) (year)
Cemetery or crematory: Wicomico Mem. Park
Location: Salisbury Md.
18. Funeral director: Willey & Walter R. Willey
Address: Salisbury Md.
19. Sept. 16 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 13 1948 at 8.45 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 1948 to Sept. 13 1948
and that I last saw him alive on Sept. 13 1948

Immediate cause of death	DURATION
Respiratory failure	
Due to: Pneumonia (Lobar)	3 days
Due to: Hypertension	Several yrs.
Other conditions: Sided paralysis from stroke	3 days

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Robert R. Star M. D. or other
Address: Salisbury Date signed: 9-15-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

09770

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

Reg. Dist. No. 330

1. PLACE OF DEATH:
County: Wicomico
City or town: Mardela
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: R.D.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Mardela
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.D.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Alice P. Cooper

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: Serem H. Cooper
6.(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Aug. 11-1869.

8. AGE: Years 79 Months 1 Days 12 If less than one day: hrs. min.

9. Birthplace: R.D. Mardela Md. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home

FATHER
12. Name: John Howard
13. Birthplace: Hebron Maryland

MOTHER
14. Maiden name: Emma Taylor
15. Birthplace: R.D. Mardela Maryland

16. Informant: Mr. Serem Cooper
Address: R.D. Mardela Maryland

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Sept. 26-1948 (month) (day) (year)
Cemetery or crematory: Cooper Family Cemetery
Location: Serem H. Cooper Farm R.D. Mardela Md.
18. Funeral director: Holloway & Walter R. Willing
Address: Salisbury Maryland

19. Sept 27 1948 (Date rec'd by registrar) N. S. Sherton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 23rd 1948 at 9:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 to Sept 23 1948 and that I last saw her alive on Sept 23 1948

Immediate cause of death	DURATION
Coronary Occlusion	5 hrs.
Due to	
Due to	
Other conditions: Hypertension, Arteriosclerosis. (Include pregnancy within 3 months of death)	

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: N. S. Kuhlman M. D. or other
Address: Sharptown Md. Date signed: 9/24/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

09771

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 hours
Hospital, institution, or street address where death occurred: Peninsula General Hospital
How long in hospital or institution? 12 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Snow Hill Rural #2
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: NO ✓

3.(a) FULL NAME: Dixon, Irma Lee

3.(b) Social Security Number: None

4. Sex: Female
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: child
6.(b) Name of husband or wife: —
6.(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept. 21 — 1948

8. AGE: Years | Months: 7 | Days: | If less than one day: hrs. min.

9. Birthplace: Snow Hill, Worcester, Md.
(Town, county, and state)
10. Usual occupation: —
11. Industry or business: —

FATHER
12. Name: Otho Harmon
13. Birthplace: Maryland

MOTHER
14. Maiden name: Dorothy Dixon
15. Birthplace: Chesta, Va.

16. Informant: Dorothy Dixon
Address: Snow Hill, Md Rural #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 27/48 (month) (day) (year)
Cemetery or crematory: Taylor Gate
Location: Snow Hill Md Rural #2

18. Funeral director: Ulay E. Timmons
Address: Snow Hill, Md

19. Sept. 28 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 27 1948 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/27/48 to 9/27/48 and that I last saw him alive on 9/27/48

Immediate cause of death: Sub-dural hemorrhage — DURATION: Not Known
Due to: not known
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results: as above.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. Atkins, M.D. (M. D. or other)
Address: Salisbury, Md. Date signed: 9/27/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09772

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?: ✓

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution?: 12 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Del. County: Sussex

City or town: Delmar
(If outside city or town limits, write RURAL and give nearest town)

Street No.: ✓
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME

Ellis Mrs. Anne Mary Ellis

3.(b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Ellis, Mr. Preston

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 7 - 1885

8. AGE: Years: 62 | Months: 7 | Days: [illegible] | If less than one day: ..... hrs. ..... min.

9. Birthplace: Delaware
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: ✓

FATHER
12. Name: Edward Hastings
13. Birthplace: Delaware

MOTHER
14. Maiden name: Mary Ann Lloyd
15. Birthplace: Maryland

16. Informant: Preston A. Ellis

Address: Delmar, Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 4 - 48 (month) (day) (year)

Cemetery or crematory: Odd Fellows Cemetery

Location: Laurel, Del.

18. Funeral director: J. Henry Williams

Address: Federalsburg - Md.

19. Sept. 5 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 1st. 1948 at 2:10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 28 1948 Sept. 1 1948 and that I last saw he alive on Sept. 1 1948

Immediate cause of death: Cardiac vascular — DURATION

Due to: renal disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of Injury: ..... Injured at work?

23. SIGNATURE: Floyd G. Fowler M. D. or other

Address: Salisbury, Md. Date signed: 9/5/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Dr Lowry

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

09773

Reg. Diat. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? Six days, 2 hrs, 10 min

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Eden
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Farrell, Mrs Janet.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: Robert B. Farrell

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feb. 8-1890

8. AGE: Years 58 | Months 6 | Days 27 | If less than one day ... hrs. ... min.

9. Birthplace: Mansfield, Ohio
(Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business

FATHER
12. Name: Henry Marx
13. Birthplace: Mansfield, Ohio

MOTHER
14. Maiden name: unknown
15. Birthplace

16. Informant: Mr Robert B. Farrell
Address: Eden Maryland

17. Burial, cremation, or removal. Which? Burial Date thereof Sept. 9-48 (month) (day) (year)

Cemetery or crematory: Wicomico Mem. Park

Location: Salisbury Maryland

18. Funeral director: Holloway & G. Willis & Holloway

Address: Salisbury Maryland

19. Sept. 8 1948 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 5th 1948 at 5 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1948 to Sept 5 1948 and that I last saw her alive on Sept 5 1948

Immediate cause of death: Hypertensive C.V. Vascular disease — Duration: 5 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: L. L. Lowry M.D.
M. D. or other

Address: Fruitland Date signed 8-7-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

51b 09774

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Weeks

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? 5 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Princess Ann

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME George Henry Finney

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6.(b) Name of husband or wife: Elizabeth Finney

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): (Unknown) 1871

8. AGE: Years 77 | Months — | Days — | If less than one day ... hrs. ... min.

9. Birthplace (Town, county, and state): Quantocks, Accomac Va.

10. Usual occupation: Farm labor

11. Industry or business: —

FATHER 12. Name: Louis Finney

13. Birthplace: Virginia

MOTHER 14. Maiden name: Myra P. Tull

15. Birthplace: Maryland

16. Informant: William H. Finney

Address: Princess Ann Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 15 1948 (month) (day) (year)

Cemetery or crematory: Walters Cemetery

Location: Rural Pocomoke Md.

18. Funeral director: Henry H. Dodson

Address: Pocomoke Md.

19. Sept-14 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 12 1948 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8.7 1948 to 9.12 1948 and that I last saw him alive on 9.12 1948

Immediate cause of death: Generalized carcinomatosis — DURATION

Due to: Carcinoma of prostate

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H. H. Beale M. D. or other

Address: 50 E. Main St. Salisbury Md. Date signed: 9.14.48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1948
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1951

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

Reg. Dist. No. 332

1. PLACE OF DEATH

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital or institution, or street address where death occurred: P.B. Hoyt.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

Street No. 301. Est Isabella street (If rural give LOCATION)

2.(a) If veteran, name war: World War #2

3.(a) FULL NAME Gillam, John Thomas

3.(b) Social Security Number

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 13-1906

8. AGE: Years 42 Months 8 Days 17 If less than one day hrs. min.

9. Birthplace (Town, county, and state): Md. State Road Department

10. Usual occupation: shovel operator

11. Industry or business: Allegany County Md.

FATHER 12. Name: John W. Gilliam

13. Birthplace: Bedford County Pa.

MOTHER 14. Maiden name: Mary E. Donnelly

15. Birthplace: Allegany County Md.

16. Informant: Mr. John W. Gilliam

Address: Paw-Paw West Virginia

17. Burial (Burial, cremation, or removal): Date thereof: Oct. 4-1948 (month) (day) (year)

Cemetery or crematory: Oldtown Cemetery

Location: Oldtown Maryland

18. Funeral director: Hallowaysville Funeral Home Md

Address: Salisbury Maryland

19. Oct. 1 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 30 1948 at 10-20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death: Coronary occlusion

DURATION: sudden death

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operation: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: L.A. Radenaker MD Deputy Med. Exam. M. D. or other

Address: Salisbury Md. Date signed 9/30/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15 9.45-15M

Lodenaker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09777

Reg. Dist. No. 339

1. PLACE OF DEATH:
Ward: Dromico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Peninsula General Hospital
How long in hospital or institution? 12 hrs. 45 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Box 65
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Harris, Alexis

3.(b) Social Security Number:

4. Sex: Male
5. Color or race: C
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Louise Harris
6.(c) If alive, give age: 52 years
7. Birth date of deceased (mo., day, yr.): 2-13-1893
8. AGE: Years: 55 Months: 6 Days: 20 If less than one day: hrs. min.
9. Birthplace: Hampton, Va. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Benjain Harris
13. Birthplace: Hampton, Va.
MOTHER 14. Maiden name: Carrie Harris
15. Birthplace: Hampton, Va.
16. Informant: Albert Harris
Address: Hampton, Va.
17. Removal and Burial 9-7-48 (Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory:
Location: Hampton, Va.
18. Funeral director: William H. James Jr.
Address: Princess Anne Md.
19. Sept. 4 1948 Louise Strong Taylor (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 3 1948 at 8:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 2 1948 to Sept 3 1948 and that I last saw h.. alive on Sept 3 1948

Immediate cause of death	DURATION
~~Acute~~ Gastroenteritis - acute	36 hrs
Due to	
Due to	
Other conditions: Thrombosis of left femoral vein	12 hrs
Terminal Bronchopneumonia	12 hrs

(Include pregnancy within 3 months of death)

Major findings of operation: None
Date of op.
Autopsy results: as above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury: Injured at work?
23. SIGNATURE: L. A. Rochenaker M.D. M. D. or other
Address: Salisbury, Md. Date signed: 9/3/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50 09778

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: White Haven, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: White Haven
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Stella Hart

3. (b) Social Security Number

4. Sex: Female

5. Color or race: col.

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Charles H. Hart

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): July 8, 1891

8. AGE: Years 57 | Months 2 | Days 1 | If less than one day: hrs. min.

9. Birthplace: White Haven, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Cadesmus Jones
13. Birthplace: White Haven, Md.

MOTHER
14. Maiden name: Mary E. Long
15. Birthplace: Rock Creek, Md.

16. Informant: Hattie Washiell

Address: White Haven, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 14 1948 (month) (day) (year)

Cemetery or crematory: Parsons Cemetery

Location: White Haven, Md.

18. Funeral director: Halloway & Co S Bristol

Address: Salisbury Md.

19 Sept. 11 19 48 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9 Sept. 19 48 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 April 19 47 to 9 Sept. 19 48 and that I last saw ~~her~~ alive on 9 Sept. 19 48

Immediate cause of death	DURATION
Cocites - Peripheral Edema	3 mo.
Due to: Sarcoma - Left Breast	6 mo
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Donald H. Saunders M.D. (41) M. D. or other

Address: Westside Md. Date signed: 10 Sept 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, with UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

D9779

93d

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 310. Elizabeth street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 310. Elizabeth st.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Annie Elizabeth Heath

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: John Robert Heath
6.(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Oct. 17-1867

8. AGE: Years 80 | Months 10 | Days 19 | If less than one day: hrs. min.

9. Birthplace: Quale Maryland (Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business

FATHER
12. Name: Alexander Boyman
13. Birthplace: Quale Maryland

MOTHER
14. Maiden name: Harriet Laird
15. Birthplace: Quale Maryland

16. Informant: Mrs. Minnie Muir
Address: 310. Elizabeth st. Salisbury Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Sept. 8-1948 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md
18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury Md

19. Sept-8 1948 (Date rec'd by registrar) Louis Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 6 1948 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3, 1946 to Sept 6, 1948 and that I last saw him alive on Sept 6, 1948

Immediate cause of death	DURATION
Myocarditis	?
Due to: Arteriosclerosis	?
Hypertension	?
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John H. Isaman M.D.
M. D. or other
Address: 238 Camden Ave. Salisbury Md. Date signed 9/6/48

RECEIVED
SEP 10 1948
BUREAU V. S.

09780

46e

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:
County: Sharptown
City or town: Wicomico (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 Months
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DEACESED: (For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Sharptown (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Dasie Belle Kennerly

3. (b) Social Security Number

4. Sex: F.
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Ernest Kennerly
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): September 10, 1879

8. AGE: Years 69 Months 11 Days 25 If less than one day ... hrs. ... min.

9. Birthplace: Mardela, Wicomico, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
MOTHER FATHER
12. Name: Samuel Billing
13. Birthplace: Mardela, Md.
14. Maiden name: Elizabeth Robertson
15. Birthplace: Mardela, Md.
16. Informant: Miss Carrie Kennerly
Address: Sharptown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/8/48 (month) (day) (year)
Cemetery or crematory: Mardela Cemetery
Location: Mardela, Md.
18. Funeral director: David E. Messick
Address: Hebron, Md.
19. 9-7 1948 (Date rec'd by registrar) Walter G. Mears Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4, 1948, at 8:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 to Sept 4 1948 and that I last saw her alive on Sept 4 1948
Immediate cause of death: Carcinoma Colon — DURATION 10 Month
Due to:
Due to:
Other conditions: Cerebral Hemorrhage — 6 Month
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: J. E. Kuchmear M. D. or other
Address: Sharptown Md. Date signed 9/7/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Permit #104
09781
1221

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, Institution, or street address where death occurred: Salisbury Peninsula General

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wostr.

City or town: Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)

Street No. 220 Laurel St.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME ~~Baby Leffew~~ SYLVIA LEE

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 30, 1948

8. AGE: Years | Months | Days: 4 | If less than one day: hrs. min.

9. Birthplace: Salisbury Wicomico, Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: ✓

FATHER
12. Name: Jessie Leffew
13. Birthplace: Va

MOTHER
14. Maiden name: Virginia Cutten
15. Birthplace: Md

16. Informant: Mrs. Marion Cutten
Address: Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 4, 1948 (month) (day) (year)

Cemetery or crematory: Bethany M. E.

Location: Pocomoke City, Md

18. Funeral director: Henry H. Watson
Address: Pocomoke City, Md.

19. Sept. 8 1948 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2 September 1948 at 7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 Sept. 1948 to 2 Sept. 1948 and that I last saw her alive on 2 Sept. 1948

Immediate cause of death: Intestinal obstruction — DURATION: unknown

Due to: Volvulus small intestine

Due to:

Other conditions: Generalized peritonitis
Bilateral bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings of operation:

Date of op.:

Autopsy results: as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dickens M.D.
M. D. or other

Address: Salisbury, Md. Date signed: 4 Sept. 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Baby girl Mason
11-40

RECEIVED
SEP 10 1948
BUREAU V. S.

Dr. Lowry

09782

159

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? 17 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Fruitland Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Long, ROBERT BRUCE

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 28, 1948

8. AGE: Years | Months | Days | If less than one day 17 hrs. min.

9. Birthplace: Salisbury, Wic. Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Long, Mr. George Clayton

13. Birthplace: Onancock, Virginia

MOTHER 14. Maiden name: Merritt, Margaret Jane

15. Birthplace: Jamesville Virginia

16. Informant: Mrs. Margaret Long

Address: Fruitland Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 9/29/48 (month) (day) (year)

~~Cemetery~~ or crematory: Peninsula General Hospital

Location: Salisbury, Maryland

18. Funeral director: Peninsula General Hospital

Address: Salisbury, Maryland

19. Sept. 29 1948 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 29th 1948 at 4:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 9-29-48 19

Immediate cause of death	DURATION
Prematurity	—
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Lee L. Lowry, M.D.
M. D. or other

Address: Fruitland, Md Date signed 9-29-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A15 9-45-15M

09783

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

Reg. Dist. No. 41 336

1. PLACE OF DEATH:

County: Wicomico

City or town: Delmar

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 years

Hospital, institution, or street address where death occurred: 418 Elizabeth St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Delmar

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 418 Elizabeth

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Emma Elizabeth Sore

3.(b) Social Security Number:

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Robert H. Sore

6.(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Feb. 26, 1878

8. AGE: Years: 70 Months: 6 Days: 5 If less than one day: hrs. min.

9. Birthplace (Town, county, and state): Sussex County, Del

10. Usual occupation: House work

11. Industry or business: Home

MOTHER FATHER

12. Name: Frank Cannon

13. Birthplace: Sussex County, Del

14. Maiden name: Olivia Calloway

15. Birthplace: Sussex County, Del

16. Informant: R. H. Sore

Address: Delmar Del

17. (Burial, cremation, or removal. Which?) Burial Date thereof 9-4-48 (month) (day) (year)

Cemetery or crematory: M. P.

Location: Delmar, Del.

18. Funeral director: W. S. Mears & Co

Address: Delmar, Del

September 3, 1948 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 1 1948 at 4.28 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 31 1948 to Sept 1 1948 and that I last saw h. on alive on Sept 1 1948

Immediate cause of death: Acute Coronary Thrombosis — DURATION: 24 hrs

Due to: Coronary Disease of Heart — 3 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. H. Finch M. D. or other

Address: Delmar Del Date signed: Sept 2 1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09784

836

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
P. B. Hoyt
How long in hospital or institution? 4 days + 4 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 317. Elizabeth street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Annie Frances Lucas

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Ernest J. Lucas
6.(c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): June 29 - 1882
8. AGE: Years: 66 Months: 2 Days: 18 If less than one day: hrs. min.
9. Birthplace: Worcester Co. Maryland (Town, county, and state)
10. Usual occupation: Home life
11. Industry or business: at Home

FATHER
12. Name: Frank Carter
13. Birthplace: Worcester Co. Maryland

MOTHER
14. Maiden name: Georgiana Crouch
15. Birthplace: Worcester Co. Maryland

16. Informant: Mr. Ernest J. Lucas
Address: 317. Elizabeth st. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 20 - 1948 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Maryland
18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury Maryland.
19. Sept 18 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 17th 1948 at 6-15 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 13 1948 to Sept 17 1948 and that I last saw her alive on Sept 17. 1948

Immediate cause of death	DURATION
Thrombosis basilar artery	
Due to: C medullary degeneration	
Due to: Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results: as above.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Eliza A. Lucas M.D. or other
Address: Salisbury Md Date signed: 9-18-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS A15 9-45-15M

09785

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ~~10 yrs~~ Lifetime

Hospital, institution, or street address where death occurred:
896 Camden Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 896 Camden avenue
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Wesley Denwood Mitchell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Alice T. Mitchell

6.(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Feb 15, 1900

8. AGE: Years: 48 Months: 7 Days: 12 If less than one day: hrs. min.

9. Birthplace: Salisbury, Wicomico, Md
(Town, county, and state)

10. Usual occupation: Bottling Business

11. Industry or business: —

FATHER
12. Name: Edward Denwood Mitchell
13. Birthplace: Salisbury, Md

MOTHER
14. Maiden name: Madeline E. Messick
15. Birthplace: Salisbury, Md

16. Informant: Mrs Denwood Mitchell
Address: 896 Camden avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/29/48 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md

18. Funeral director: The Hill & Johnson Co
Address: Salisbury, Md

19. Sept-29 19 48 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9. 27 1948 at 7.7 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9.27 1948 to 9.27 1948 and that I last saw him alive on deceased when seen 19

Immediate cause of death	DURATION
Coronary Occlusion	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H. L. Grile M. D. or other

Address: 504 N. Division St Salisbury Md. Date signed: 9-28-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Dr Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09786

108

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Peninsula General Hospital.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland. County: Somerset.

City or town: Westover.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Nelson Mrs Mary Louise

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife: Wilson Nelson

6.(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): Oct. 20, 1921

8. AGE: Years: 26 Months: Days: If less than one day: hrs. min.

9. Birthplace: Grantsburg Garrett County (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Housework

FATHER

12. Name: Bruce E. Robertson

13. Birthplace: Garrett County Md.

MOTHER

14. Maiden name: Lela A. McKinney.

15. Birthplace: Garrett county

16. Informant: Wilson Nelson

Address: Princess Anne Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 16, 1948 (month) (day) (year)

Cemetery or crematory: St Andrews Cemetery

Location: Princess Anne Md.

18. Funeral director: Charles Dashiell

Address: Princess Anne Md.

19. Sept. 13 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 12 1948 at 7 40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 21 1948 to Sept 12 1948 and that I last saw him alive on Sept. 12 1948

Immediate cause of death	DURATION
Rheumatic Heart disease	5 yrs.
Due to: Rheumatic fever, Recurrent	15 yrs.
Other conditions: Recurrent Lobar Pneumonia	

(Include pregnancy within 3 months of death)

Major findings of operation: —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: David J. Gilmore M.D. M. D. or other

Address: Salisbury, Md. Date signed: Sept. 13 1948

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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Dr Rademaker
or Balton

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

122 b 09776

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Peninsula General Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Hillsboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.: R.R. #1
(If rural, give LOCATION)

2.(a) If veteran, name war: World War #1

3.(a) FULL NAME
Parker, Mrs. Goldie

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6.(b) Name of husband or wife: Morris Parker

6.(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): July 11, 1896

8. AGE: Years 52 Months 1 Days 25 If less than one day hrs. min.

9. Birthplace: Whaleyville, Wor., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: "

FATHER
12. Name: Leroy L. Parker
13. Birthplace: Md.

MOTHER
14. Maiden name: Sarah Ellen Hudson
15. Birthplace: Md.

16. Informant: Mrs. Goldie Parker
Address: Hallands, Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof Sept 8, 1948 (month) (day) (year)

Cemetery or crematory: Bethel Cemetery

Location: Hallands, Md.

18. Funeral director: M. Pasha Watson
Address: Hillsboro, Md.

19. Sept. 10 1948 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 6 1948 at 6:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28 Aug 1948 to 6 Sept 1948 and that I last saw him alive on 5 Sept 1948

Immediate cause of death	DURATION
Leukemia	1 wk
Due to: Intestinal obstruction	9 days?
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Hauch E. Balton, M.D.
M. D. or other

Address: Pittsville, Md. Date signed 9/6/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

36 09787

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Peninsula General Hospital
How long in hospital or institution: 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Girdletree
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Parker, Irene

3. (b) Social Security Number

4. Sex: Female
5. Color or race: colored
6.(a) Single, married, widowed, or divorced: no
6.(b) Name of husband or wife: no
6.(c) If alive, give age: no years
7. Birth date of deceased (mo., day, yr.): 1946

8. AGE: Years: 2 yrs; Months; Days; If less than one day: hrs. min.

9. Birthplace: Girdletree Md (Town, county, and state)
10. Usual occupation: no
11. Industry or business: no

FATHER
12. Name: Jose Parker
13. Birthplace: Ga.

MOTHER
14. Maiden name: Beasley, Annie
15. Birthplace: Georgia.

16. Informant: Joe Parker
Address: Girdletree Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 28 1948 (month) (day) (year)
Cemetery or crematory: Mt Olivet
Location: Berlin Md.

18. Funeral director: James A. Stewart
Address: Salisbury Md

19. Sept. 28 1948 (Date rec'd by registrar) Irene Strong Taylor (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 27 September 1948 at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24 Sept. 1948 to 27 Sept. 1948 and that I last saw her alive on 26 Sept. 1948

Immediate cause of death: Encephalitis — DURATION: 1 week
Due to: cause not determined.
Anterior poliomyelitis, acute — DURATION: 10/14/48 abt
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Arik Kuss, M.D. (M. D. or other)
Address: Salisbury, Md. Date signed: 9/27/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

09788

1312

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH:

County: Wicomico

City or town: Mardella Springs
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Mardella Springs
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Joseph H. Perkins

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife: Sarah M. Perkins

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): February 23, 1885

8. AGE:

Years	Months	Days	If less than one day
63	7	5	hrs. min.

9. Birthplace: Kent County, Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER
12. Name: Phoenix Perkins
13. Birthplace: Kent County, Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Glasker Perkins
Address: Mardella Springs. Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 29, 1948 (month) (day) (year)

Cemetery or crematory: Mardella Springs Cemetery

Location: Mardella Springs, Maryland

18. Funeral director: Herbert M. St. Clair, Jr.
Address: Cambridge, Maryland

19. Sept 28 1948 (Date rec'd by registrar) W H Shelton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 25 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1st 1948 to Sept. 25th 1948 and that I last saw him alive on September 25th 1948

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to	
Due to	
Other conditions: Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William Emrich M. D. coroner

Address: Helena - Md Date signed: Sept. 27-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09789

838

Reg. Diat. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 408 E. Locust street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 408 E. Locust street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Henrietta Pusey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Edward H. Pusey
6.(c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): April 7- 1887

8. AGE: Years: 61 Months: 5 Days: If less than one day: hrs. min.

9. Birthplace: Accomac County, Va. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home

FATHER
12. Name: George Henry Wright
13. Birthplace: Accomac Co. Va.

MOTHER
14. Maiden name: Henrietta ?
15. Birthplace: Accomac County, Va.

16. Informant: Mr. Edward H. Pusey
Address: 502 E. Vine St. Salisbury Md

17. Burial (Burial, cremation, or removal Which?) Date thereof: Sept. 29- 1948 (month) (day) (year)
Cemetery or crematory: Maryland & Virginia Line Cemetery
Location: near Pocomoke Maryland
18. Funeral director: Holloway & Co. Walter H. Holloway
Address: Salisbury Maryland

19. Sept. 28 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9/26/48 19 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 22nd 1948 to Sept 26 1948 and that I last saw him alive on September 28th 1948

Immediate cause of death: Cerebral Embolism — DURATION
Due to: Arteriosclerosis
Due to:
Other conditions: Chronic Cholecystitis with Gallstones & Cancer
(Include pregnancy within 3 months of death) (exacerbation)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. J. Heron Jr. M. D. or other
Address: 2036 Church St. Salisbury, Md. Date signed: 9/26/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-47 25M

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09790

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

112

Reg. Dist. No. 335

1. PLACE OF DEATH:

County: Wicomico

City or town: Sharptown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 57 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)

State: Md County: Wic

City or town: Sharptown (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Ella J. Robinson

3.(b) Social Security Number

4. Sex: F

5. Color or race: W

6.(a) ~~Single, married, widowed, or divorced~~

6.(b) Name of husband or wife: Willis B. Robinson

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): April 12 1866

8. AGE: Years 82 Months 4 Days 18 If less than one day ... hrs. ... min.

9. Birthplace: Sharptown Wic Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER 12. Name: James Vincent

13. Birthplace: Md

MOTHER 14. Maiden name: Ellen Wright

15. Birthplace: Md

16. Informant: Isaac W. Robinson

Address: Sharptown

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 3 1948 (month) (day) (year)

Cemetery or crematory: Taylor

Location: Sharptown

18. Funeral director: Grier & Bros

Address: Sharptown

19. 9-3 1948 Walter W. Mann (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/1, 1948, at 8-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946, to Sept 1 1948 and that I last saw her alive on Sept 1 1948

Immediate cause of death: Asthma — DURATION 2 years

Due to: Chronic Bronchitis.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE H. S. Kuhlman M.D. M. D. or other

Address: Sharptown Md Date signed 9/3/48

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

09791

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: Parsonsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred: RD. #2
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Parsonsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.: RD. #2
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Ida Elizabeth Shockley

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Robert E. Shockley
6.(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Jan. 15 1885
8. AGE: Years 63 Months 8 Days 3 If less than one day ... hrs. ... min.
9. Birthplace: RD. #2, Parsonsburg, Md. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home

FATHER
12. Name: George W. White
13. Birthplace: RD #2, Parsonsburg, Md.

MOTHER
14. Maiden name: Lottie E. Truitt
15. Birthplace: RD. #2, Parsonsburg, Md

16. Informant: Mr. Robert E. Shockley
Address: RD. #2, Parsonsburg, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 21-1948 (month) (day) (year)
Cemetery or crematory: Pine M. Church Cem.
Location: (Maryland side) of Church yard (near Pittsville Md)
18. Funeral director: Walter R. Holloway
Address: Salisbury Md.
19. Sept 21 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 18 1948 at 3:25 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946 to Sept 18 1948 and that I last saw her alive on Sept 18 1948
Immediate cause of death: Cerebral Hemorrhage — DURATION
Due to: Hypertension Cardiac Vascular Disease — 5 yrs.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: F. H. Lynch M. D. or other
Address: Delmar Md. Date signed: 1-17-2011

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Ch. Steve

09792

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Peninsula General Hospital

How long in hospital or institution? 2 days, 7 hrs, 5 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. 300 Pool
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME
Sutton, ~~Baby Boy~~ FRED EDWARD

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) September 3, 1948

8. AGE:

Years	Months	Days	If less than one day
		2 days	..... hrs. ..... min.

9. Birthplace Salisbury, Wicomico, Maryland
(Town, county, and state)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Sutton, Edward Nelson
13. Birthplace Jessup, Maryland

MOTHER
14. Maiden name Short, Nellie Louise
15. Birthplace Mardella, Md.

16. Informant Mr. Edward Sutton
Address Salisbury, Md.

17. Cremation Date thereof Sept-5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year).

~~Cemetery or~~ crematory Peninsula General Hospital

Location Salisbury, Md.

18. Funeral director Peninsula General Hospital
Address Salisbury, Md.

19. Sept-7 1948 Louise Strong Taylor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5th 1948 at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 3 1948 to Sept. 5 1948 and that I last saw him alive on Sept. 5 1948

Immediate cause of death Respiratory failure — DURATION: 2 days

Due to Prematurity (6 months)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert R. Starr M. D. or other

Address Salisbury Date signed 9-6-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct as is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Dr. Frame

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09793

108

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: P.G. Hoyt

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Hebron (If outside city or town limits, write RURAL and give nearest town)

Street No.: RD. #2 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Retta Taylor

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: A. Sidney Taylor

6.(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): March 20 - 1863

8. AGE: Years 85 Months 6 Days 24 If less than one day hrs. min.

9. Birthplace (Town, county, and state): RD. Salisbury Md.

10. Usual occupation: Home wife

11. Industry or business: at Home

FATHER 12. Name: Josiah Johnson

13. Birthplace: RD. Salisbury Md.

MOTHER 14. Maiden name: Martha Humphrey

15. Birthplace: RD. Salisbury Md.

16. Informant: Mr. Everett S. Taylor

Address: RD. #2. Hebron Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 16-1948 (month) (day) (year)

Cemetery or crematory: Rockawalkin Cem

Location: RD. Salisbury Md.

16. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Maryland.

19. Sept. 16 19 48 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 14 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 1946 to Sept 14 1948 and that I last saw her alive on Sept 14 1948

Immediate cause of death: Lobar pneumonia left lower lobe — DURATION: 3 days

Due to:

Due to:

Other conditions: Arteriosclerotic heart disease (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Fred D. Frame M.D. M. D. or other

Address: Salisbury Md. Date signed 9/14/48

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

09794

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

Reg. Diat. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 years

Hospital, Institution, or street address where death occurred: Delaware Street no

How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. Delaware St.

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME Rose E. Williams

3.(b) Social Security Number no

4. Sex: Female

5. Color or race: a.a.

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Edward Williams

6.(c) If alive, give age: yes (Don't know) years

7. Birth date of deceased (mo., day, yr.): abt. 1892

8. AGE: Years: about 56 Months: — Days: — If less than one day: hrs. min.

9. Birthplace (town, county, and state): Melinx Skin Va

10. Usual occupation: Housewife

11. Industry or business: Same as above

FATHER

12. Name: George Duffy

13. Birthplace: Melinx Skin Va

MOTHER

14. Maiden name: Sarah Mason

15. Birthplace: Melinx Skin Va

16. Informant: Leland Turner

Address: Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 13-1948 (month) (day) (year)

Cemetery or crematory: Greene Acres

Location: Salisbury Md

18. Funeral director: James T. Stewart

Address: Salisbury Md

19. Sept 13 1948 (Date rec'd by registrar) Louise Strong Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 10 1948 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1948 to Sept 1948 and that I last saw h... alive on Sept 8 1948

Immediate cause of death: Uremia

Cardiovascular renal disease

	DURATION
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Leigh H. Tilghman M. D. or other

Address: Salisbury Md Date signed 9-13-48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.